

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212522547			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Lions Mobile Sight and Hearing Unit of District 24-D, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>R. CRAIG GALLAGHER</b>  <b>SMITHFIELD BLDG., STE. 341-B</b>  <b>6160 KEMPSVILLE CIRCLE</b>   <b>NORFOLK, VA 23502</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>NORFOLK CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: <b>7/31/2012</b></p> <p>SCC ID NO: <b>04123063</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2126 WAKE FOREST STREET</p> <p style="text-align: center;">CITY/ST/ZIP: VA BEACH, VA 23451</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: WILLIAM CHASTEN            TITLE: PRESIDENT            ADDRESS: 724 MANDARIN LANE            CITY/ST/ZIP/CO: CHESAPEAKE, VA 23323         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: WILLIAM CHASTEN TITLE: PRESIDENT ADDRESS: 724 MANDARIN LANE CITY/ST/ZIP/CO: CHESAPEAKE, VA 23323	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM CHASTEN TITLE: PRESIDENT ADDRESS: 724 MANDARIN LANE CITY/ST/ZIP/CO: CHESAPEAKE, VA 23323	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: TIMOTHY MARINELLI            TITLE: VICE PRESIDENT            ADDRESS: 106 HARRISON DR            CITY/ST/ZIP/CO: SMITHFIELD, VA 23430         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: TIMOTHY MARINELLI TITLE: VICE PRESIDENT ADDRESS: 106 HARRISON DR CITY/ST/ZIP/CO: SMITHFIELD, VA 23430	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY MARINELLI TITLE: VICE PRESIDENT ADDRESS: 106 HARRISON DR CITY/ST/ZIP/CO: SMITHFIELD, VA 23430	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: NANCY CRANFORD            TITLE: SECRETARY            ADDRESS: 2126 WAKE FOREST ST            CITY/ST/ZIP/CO: VA BEACH, VA 23451         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: NANCY CRANFORD TITLE: SECRETARY ADDRESS: 2126 WAKE FOREST ST CITY/ST/ZIP/CO: VA BEACH, VA 23451	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY CRANFORD TITLE: SECRETARY ADDRESS: 2126 WAKE FOREST ST CITY/ST/ZIP/CO: VA BEACH, VA 23451	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: JOHN CRANFORD            TITLE: TREASURER            ADDRESS: 2126 WAKE FOREST ST            CITY/ST/ZIP/CO: VA BCH, VA 23451         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: JOHN CRANFORD TITLE: TREASURER ADDRESS: 2126 WAKE FOREST ST CITY/ST/ZIP/CO: VA BCH, VA 23451	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: C. E. CUNNINGHAM            TITLE: DIRECTOR            ADDRESS: 114 VINE DR            CITY/ST/ZIP/CO: YORKTOWN, VA 23692         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: C. E. CUNNINGHAM TITLE: DIRECTOR ADDRESS: 114 VINE DR CITY/ST/ZIP/CO: YORKTOWN, VA 23692	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: MARTIN KEMP            TITLE: DIRECTOR            ADDRESS: 24300 EAST POINT RD            CITY/ST/ZIP/CO: ONANCOCK, VA 23417         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: MARTIN KEMP TITLE: DIRECTOR ADDRESS: 24300 EAST POINT RD CITY/ST/ZIP/CO: ONANCOCK, VA 23417	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	PAT MORRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 JONQUIL LANE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		
NAME:	MINNIE NERY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4309 INDIAN RIVER RD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23456		
NAME:	ROBERT NERY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4309 INDIAN RIVER RD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23456		
NAME:	MARY LOU NEWMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3009 HERITAGE LANDING RD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		
NAME:	JIM OGLESBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4524 THREE PINES LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23457		
NAME:	JERRY PHELPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1229 COURSE VIEW CIRCLE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455		
NAME:	JIM REID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 BRIAR COURT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		
NAME:	SAMMIE REID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 BRIAR COURT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		
NAME:	BARBARA SENEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4241 MANCHESTED RD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703		
NAME:	CLAYTON SENEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4241 MANCHESTER RD		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23703		
NAME:	ROY STOCKDILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8235 BRIARWOOD CIRCLE		
CITY/ST/ZIP/CO:	NORFOLK, VA 23518		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES WOOD DIRECTOR 5012 SMITH FARM RD VIRGINIA BEACH, VA 23455	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Goodman DIRECTOR 604 Pine Dr Kilmarnock, VA 23482	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Solomon Sherfey DIRECTOR 5102 Sawgrass Ct Suffolk, VA 23435	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN CRANFORD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN CRANFORD, TREASURER PRINTED NAME AND CORPORATE TITLE	6/17/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			